



DEPARTMENT OF THE AIR FORCE
59TH MEDICAL WING (AETC)
JOINT BASE SAN ANTONIO - LACKLAND TEXAS

9 MAY 2016

MEMORANDUM FOR ST

ATTN: COL BRENDA MORGAN

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

1. Your paper, entitled **Treatment Seeking Beliefs and Behaviors in Air Force Nursing Personnel** presented at/published to **San Antonio Military Health System and Universities Research Forum (SURF) 20 May 2016, San Antonio, TX** with MDWI 41-108, and has been assigned local file #**16188**.
2. Pertinent biographic information (name of author(s), title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.
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4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

LINDA STEEL-GOODWIN, Col, USAF, BSC
Director, Clinical Investigations & Research Support

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4. Attach a copy of your abstract, paper, poster and other supporting documentation.
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c. Mark. B. Parshall			Univ of New Mexico CON
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Treatment Seeking Beliefs and Behaviors in Air Force Nursing Personnel

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- Survey Control Number for this effort is AF14-135SGN
- Cooperative Agreement (CRADA, DTTIS #: 14-SG-217-C14006): AF Surgeon General – UNM
- Chief Nurses and nursing staff support: 60th, 88th, and 779th MDGs

Disclaimers

- The views expressed are those of the researchers and do not necessarily reflect the official policy or position of the Department of the Air Force, Department of Defense, U.S. Government or the TriService Nursing Research Program.
- The voluntary, fully informed consent of subjects used in this research was obtained as required by 32 CFR 219 and DoDI 3216.02_AFI 40-402, Protection of Human Subjects in Biomedical and Behavioral Research.
- Conflicts of Interest: None

Research Question and Specific Aims

- To what extent are perceptions of stigma and barriers to accessing mental health (MH) services, perceived stress, and resilience related to mental health treatment-seeking by AF nursing personnel?
- To assess the extent accessing MH services in AF nursing personnel are influenced by:
 - Perceived stigma and barriers to care
 - Resilience
 - Perceived stress
 - Demographic characteristics
 - Military grade
 - Previous deployment

Methods

- Descriptive, comparative design
- Guided by a modified version of the Theory of Planned Behavior¹
- Data collected via an anonymous, online survey
- Principal investigator traveled to each site to speak with available AF nursing staff and answer potential participants' questions
- Supporting liaison at each site e-mailed survey information to potential participants who were asked to complete:
 - Demographic items
 - Stigma and Barriers to Care scales
 - Conner-Davidson Resilience Scale (CD-25)
 - Perceived Stress Questionnaire (PSQ)
 - Views of Psychological Problems (VPP)
 - Attitudes Towards Treatment Seeking (ATTS)
- Statistical Analysis: Assessment of descriptive statistics and *t*-test, MANOVA, Pearson's *r*, or Logistic Regression, as appropriate

Sample Characteristics (n=250)

Gender	
Male	86 (34.4%)
Female	161 (64.4%)
Unknown	3 (1.2%)
Race	
American Indian/Alaskan Native	9 (3.6%)
Asian	18 (7.2%)
Black	33 (13.2%)
Hawaiian or Pacific Islander	3 (1.2%)
White	196 (78.4%)
More than 1	15 (6%)
Ethnicity	
Hispanic or Latino/Latina	22 (8.8%)
Not Hispanic or Latino/Latina	226 (90.4%)
Unknown	2 (0.8%)
Military Grade	
Officer	141 (56.4%)
Enlisted	104 (41.6%)
Unknown	5 (2%)

Sample Characteristics (n=250)

Deployed since 9/11	144 (57.6%)
Number of months deployed	
≤ 12 months	90 (36%)
13-24 months	45 (18%)
25-36 months	6 (2.4%)
≥ 36 months	4 (1.6%)
Awarded expeditionary medal	122 (48.8%)
Ever Accessed MHS	113 (42.2%)
Before military	6 (5.3%)
During service, not R/T deployment	69 (61.1%)
Predeployment	3 (2.7%)
Postdeployment	31 (27.4%)
Currently experiencing a stress or an emotional problem	117 (43.7%)
Mild	27 (23.1%)
Moderate	74 (63.2%)
Severe	16 (13.7%)
Sought MHS for current stress or emotional problem ≤ 6 months	32 (27.4%)
Would access MH or counseling next 30 days (n=238)	
Very Unlikely	135 (50.4%)
Unlikely	45 (16.8%)
Neither Likely nor Unlikely	30 (11.2%)
Likely	11 (4.1%)
Very Likely	17 (6.3%)

Scales' Mean, SD, and α

Scale	Mean (SD)	Possible Score Range	α
Stigma Scale (n=250)	3.1 (.88)	1 – 5	.86
Barriers to Care Scale (n=250)	2.1 (.74)	1 – 5	.73
CD-RISC (n=246)	75.4 (12.68)	0 – 100	.92
PSQ (n=239)	.43 (.18)	0 – 1	.95
VPP (n=234)	12.8 (3.31)	5-25	.68

ATTS and Subjective Norms

	<i>n</i> (%)
Current attitude toward seeking treatment	
Very Negative	15 (6.3)
Negative	24 (10.1)
Slightly Negative	39 (16.4)
Neutral	53 (22.3)
Slightly Positive	31 (13.0)
Positive	58 (24.4)
Very Positive	18 (7.6)
Most people who are important to me would think I should seek treatment if I were having a psychological problem.	
Strongly Disagree	8 (3.4)
Disagree	14 (5.9)
Somewhat Disagree	14 (5.9)
Neither Agree or Disagree	44 (18.5)
Somewhat Agree	49 (20.6)

VPP Item Responses

Item	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Psychological problems, like many things, tend to work out by themselves. (<i>n</i> =239)	19 (7.9%)	77 (32.2%)	86 (36.0%)	54 (22.6%)	3 (1.3%)
There are certain problems which should not be discussed outside of one's immediate family. (<i>n</i> =239)	17 (7.1%)	76 (31.8%)	58 (24.3%)	64 (26.8%)	24 (10.0%)
People with strong characters can get over psychological problems by themselves and would have little need for professional help. (<i>n</i> =238)	37 (15.5%)	111 (46.6%)	60 (25.2%)	25 (10.5%)	5 (2.1%)
People should work out their own problems; getting professional help should be a last resort. (<i>n</i> =238)	52 (21.8%)	106 (44.5%)	55 (23.1%)	21 (8.8%)	4 (1.7%)
Keeping one's mind on a job is a good solution for avoiding personal worries and concerns. (<i>n</i> =235)	36 (15.3%)	106 (45.1%)	57 (24.3%)	29 (12.3%)	7 (3.0%)

Treatment Seeking

Scale Mean, Standard Deviation, and 95% CI by Treatment Seeking in the Last Six Months			
Scale	Yes Mean (SD)	No Mean (SD)	Difference (95% CI)
Stigma Scale	3.21 (0.98)	3.16 (0.85)	0.06 (-0.27, 0.38)
Barriers to Care Scale	2.03 (0.79)	2.16 (0.71)	-0.13 (-0.40, 0.14)
CD-RISC	70.38 (16.47)	76.40 (11.70)	- 6.03 (-12.16, 0.11)
PSQ	0.57 (0.19)	0.41 (0.17)	0.16 (0.10, 0.23)
VPP	11.06 (3.08)	13.01 (3.25)	-1.95 (-0.74, -3.16)
Note. * $p<.001$. ** $p<.002$.			

Correlations Among Stigma, VPP, ATTS, and Subjective Norms

Variable	1	2	3	4	<i>n</i>
1. Stigma	—				250
2. VPP	.234*	—			239
3. ATTS	-.435*	-.352*	—		238
4. Subjective Norms	-.182**	-.246*	.288*	—	238

Notes. * $p < 0.001$, $p = 0.005$.

Preferences for MH Access

	<i>n</i> (%)
Military PCP (MD, PA, NP)	16 (6.7)
Military MH professional	68 (28.5)
Military chaplain	27 (11.3)
Civilian PCP (MD, PA, NP)	4 (1.7)
Civilian MH professional	63 (26.4)
Civilian clergy member	14 (5.9)
Face-to-face counseling arranged through MOS	34 (14.2)
Telephone consultation arranged through MOS	4 (1.7)
Online consultation arranged through MOS	3 (1.3)
Another route to access MH services/ counseling	6 (2.5)

Conclusions

- 1st multi-site study of resilience, stress, & stigma and barriers to accessing mental health services among AF nursing personnel.
- AF nursing personnel have significant concerns that accessing mental health services may harm their career and affect the perceptions of their peers and leaders.
- Personnel who reported having sought mental health services in the previous 6 months had higher stress than those who did not.
- Stigma, barriers, and resilience were not associated with treatment-seeking.

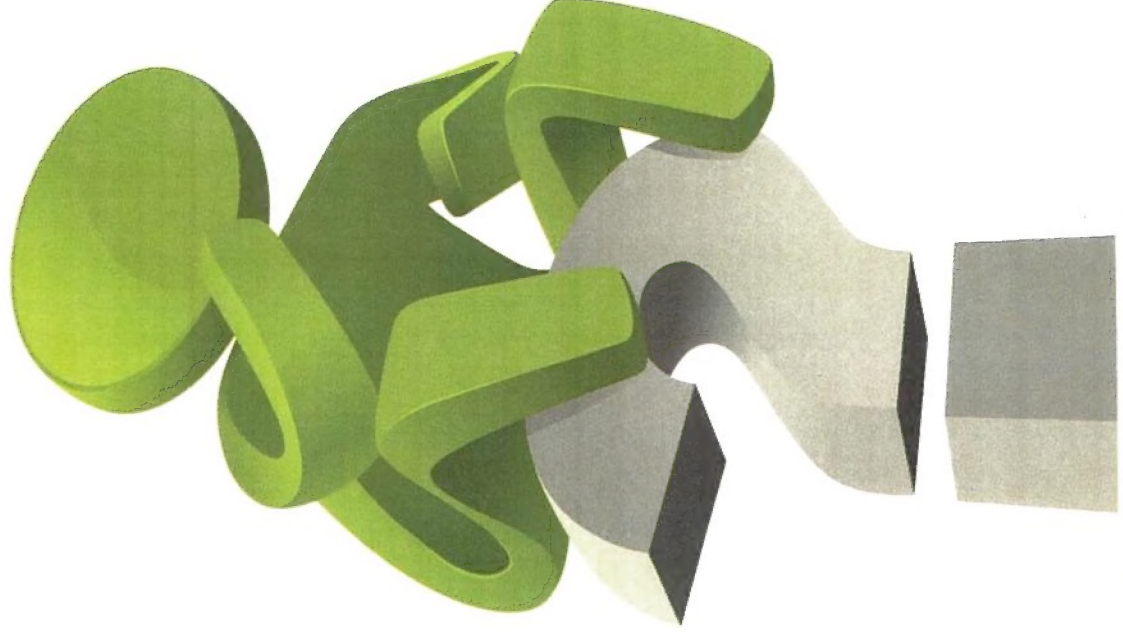
Conclusions

- The use of a shortened stress tool, such as the PSQ, should be piloted to screen for increased levels of stress and aid in the referral of at-risk individuals to MH services.
- The majority of service members who accessed MH services do so during their service, but care was unrelated to a deployment.
 - If this finding remains consistent in future studies, policy makers will need to consider allocating additional MH resources to improve services for non-deployment related MH concerns being experienced by military personnel.

Implications

- AF nursing personnel perceive significant concerns about stigma associated with accessing mental health services, but stigma was not associated with treatment-seeking.
- Future research should be conducted to better understand stigma in other service branches and other categories of military health providers.
- Levels of stress may be more relevant to treatment-seeking than stigma.

Questions



Reference

¹Britt, T., Bennett, E., Crabtree, M., Haugh, C., Oliver, K., McFadden, A., & Pury, C. (2011). The theory of planned behavior and reserve component veteran treatment seeking, *Military Psychology*, 23(1), 82-96. doi:10.1080/08995605.2011.534417